



**Delta City**  
**76 N 200 W**  
Delta, UT 84624  
(435) 864-2759 Fax (435) 864-4313  
[www.delta.utah.gov](http://www.delta.utah.gov)

## RIGHT OF WAY/ROAD ENCROACHMENT AGREEMENT

Action Requested:

- ☐ Encroachment Permit. Deposit Paid: \$ \_\_\_\_\_
- ☐ Inspection of initial repairs
- ☐ Inspection after 1 year

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

Notes:

I understand that the road must be repaired within 90 days of the building permit date or Delta City will repair it and deduct the cost of the repair from the encroachment deposit.

In either case, I understand that the deposit will not be refunded until the repair has held for one year.

I understand it is my responsibility to schedule an inspection to begin the one year period and at the end of one year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
☐ Approved  
☐ Disapproved

For Office Use  
Notes: